

PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004									Application or Docket Number			
									10/524993			
		CLAIMS A	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OTHER TO		
U.S. NATIONAL STAGE FEES								RATE	FEÉ		RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		·LARG	E ENT. = \$ 300		PASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			Satisfee PCT Article 33(1)- (4) = \$50/\$100			ner ellusions = 100 / \$ 200		DVAM FEE			EXAM FEE	201)
SEARCH FEE			U.S. is ISA = \$ 50 / \$ 100 ALL other counties = \$ 200 / \$ 400			S 250 / 8 500		SEARCH FEE		•	SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/50=	ŀ	X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			22 minus 20 =		. 2			X\$25=		OR	X \$ 50 =	100
INDE	PENDENT CL	AIMS	17 minus 3 =		• ·	7		X\$100=		OR	X\$200=	ILLAN
MUL	TIPLE DEPEN	DENT CLAIM PRE	ESENT			7 0		+ \$ 180 =		OR	+\$ 360 =	<b>1</b>
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL C	2400
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT A		CLAMS REMAINING AFTER AMENDMENT	. MU PREV		IEST IBER PRESENT OUSLY EXTRA POR			RATE	ADDI- TIONAL FEE	1	RATE .	ADDI- TIQNAL FEE
	Total	· <i>Ə</i> Ə	Minus	- 6	タ	•	Ŀ	X \$ 25 =		OR	X\$50=	
	Independent	. 9	Minus	/2	ク			X \$ 100 =	•	OR	X\$200=	٠.
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$ 180 =		OR	.+\$360=	
				•			• '	TOTAL ADOIT. FEE		OR	YOTAL ADOIT. FEE	· ·
Ý	115/06	(Colume 1)	•	(Colu	mn 2)	(Column 3)						
AMENDMENT 8		CLAIMS REMAINING AFTER AMENDMENT	_	HIGH NUM PREVM PAID	BER	PRESENT EXTRA		RATE	ADOH TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 10	Minus	- 5	2	• -		X\$25=		OR	X\$50=	
	Independent	• . 2	Minus	/	0	• /		X \$ 100 =		OR	X \$ 200 •	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$180=		OR	+\$360=	
		•					•	TOTAL ADOIT. FEE		OR	TOTAL ADDIT. FEE	
	<u></u>						٠					•
**	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "T. enter "T.											